

NEW YORK STATE DEPARTMENT OF HEALTH
BUREAU OF FUNERAL DIRECTING
875 Central Avenue
Albany, New York 12206

For Office Use Only:

No. _____

Date _____

Cash Line No. _____

APPLICATION FOR DUPLICATE:

___ Wall License Certificate (Funeral Director, Embalmer, Undertaker)

___ Pocket Card (Funeral Director, Embalmer or Undertaker)

___ Firm Registration Certificate

___ Student Pocket Card

The completed application should be returned to the above address with a \$20.00 check or money order made payable to the "NEW YORK STATE DEPARTMENT OF HEALTH"

A. I, _____

___ Funeral Director License No. _____

___ Embalmer Registration No. _____

___ Undertaker

OR

B. ___ am registered with the New York State Department of Health as a
Funeral Director Student.

2. The reason for this application is: (Explain in detail what happened to the original).

Under the penalties of perjury, I affirm that the statement herein are true.

(Signature) (Date)

Current Address _____

AVAILABLE REMNANTS, MULTILATED CERTIFICATE OR CARD MUST BE RETURNED WITH THIS APPLICATION.